

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/572752</div>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1										
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TOTAL IND.	1	↓		↓		↓					
TOTAL DEP.	3	←		←		←					
TOTAL CLAIMS	4										
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
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TOTAL IND.		↓		↓		↓					
TOTAL DEP.		←		←		←					
TOTAL CLAIMS											